United States District Court for the Northern District of Illinois

Case Number: 08cv439 Assigned/Issued By: YM

Judge Name: Castillo Designated Magistrate Judge: Brown

FEE INFORMATION

Amount Due: ☐ $350.00 ☐ $39.00 ☐ $5.00

☐ IFP ☐ No Fee ☐ Other _____

☐ $455.00

Number of Service Copies _____ Date: _____

(For Use by Fiscal Department Only)

Amount Paid: _____ Receipt #: _____

Date Payment Rec'd: _____ Fiscal Clerk: _____

ISSUANCES

☑ Summons ☐ Alias Summons

☐ Third Party Summons ☐ Lis Pendens

☐ Non Wage Garnishment Summons ☐ Abstract of Judgment

☐ Wage-Deduction Garnishment Summons _____

_____

(Victim, Against and $ Amount)

☐ Citation to Discover Assets

☐ Writ _____

(Type of Writ)

3 Original and 3 copies on 01/22/08 as to Long Term Disability Plan for Employees of Molex, INc., Cigna Group Insurance, Life Insurance Company of America

(Date)